

Foster Family Home - Corrective Action Report

Provider ID: 1-563818

Home Name: Efgeni Koh, CNA

Review ID: 1-563818-6

94-478 Kalukalu Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/7/2019

Foster Family Home Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 11/7/19.

Home is in compliance with all requirements. Home will receive a 2 bed certification.

Maribel Nakamine, RN

Compliance Manager

Date

11/7/19

[Signature]

Primary Care Giver

Date

11-7-2019